

Regarding the patient:_____
Name_____
Date of Birth

For insurance consideration of the ***incontinence supplies*** you have requested for this patient, please document information used for diagnosing, treating, or managing a clinical condition in their medical records including:

- A qualifying related diagnosis
- History, physical examination, diagnostic tests, summary of findings, progress notes or treatment plans
- Medical justification for the supplies or equipment ordered
- Frequency of change or use for medical supplies

Please note: providing medical records to a supplier is not a violation of the HIPAA privacy rules. Records must show relevant ICD-10 diagnosis code(s) and include the prescribing physician's signature and date.

Thank you in advance for faxing any Standard Written Order prescription(s) & supporting medical records to Handi Medical Supply at: 651-644-0602